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Bib Data Sheet

CONFIRMATION NO. 3588

SERIAL NUMBER 10/071,786	FILING DATE 02/07/2002 RULE	CLASS 411	GROUP ART UNIT 362 79	ATTORNEY DOCKET NO. A01280US	
APPLICANTS Carroll Diaz, Cut Off, LA; ** CONTINUING DATA ***** <i>None</i> ** FOREIGN APPLICATIONS ***** <i>None</i>					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY** ** 03/11/2002					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>mm</i> Examiner's Signature Initials		STATE OR COUNTRY LA	SHEETS DRAWING 4	TOTAL CLAIMS 10	INDEPENDENT CLAIMS 2
ADDRESS 22920					
TITLE Toggle bolt device					
FILING FEE RECEIVED 370	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		



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BIBDATASHEET

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SERIAL NUMBER 10/071,786	FILING DATE 02/07/2002 RULE	CLASS 411	GROUP ART UNIT 3677	ATTORNEY DOCKET NO. A01280US
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APPLICANTS
 Carroll Diaz, Cut Off, LA;

** CONTINUING DATA ***** *None met*

** FOREIGN APPLICATIONS ***** *None met*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
 ** 03/11/2002

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY LA	SHEETS DRAWING 4	TOTAL CLAIMS 10	INDEPENDENT CLAIMS 2
Verified and Acknowledged	Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i>				

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TITLE
 Toggle bolt device

FILING FEE RECEIVED 370	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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